

2023 Seneca East Summer Softball

Players Name:	Birth Date:
Address:	Age as of April 1, 2023
City	Zip
Mother's Name:	Phone: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> cell & texting
Father's Name:	Phone: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> cell & texting

I waive all claims for injury, accident, or liability of any kind against the Seneca East Summer Softball League, including their officers, coaches, sponsors, or other players.

Signature of parent/guardian: _____ Date: _____

REGISTRATION DEADLINE: Friday, FEBRUARY 10th, 2023.

PLEASE turn form and payment in an envelope (NO STAPLES) to the elementary or high school office.

Late entry forms will NOT be accepted after February 17, 2021

Registration Fee: \$40 per girl with a maximum of \$75 per family.

Please make checks payable to: Seneca East Summer Softball

Are you interested in coaching? ☐yes ☐no

Current grade level _____ Position (s) _____

Shirt size: YS YM YL AS AM AL AXL (please circle one)

Please select two numbers for your shirt: 1st choice _____ 2nd choice _____

please note that your child will be required to participate in any fundraising that our league participates in.

*****PLEASE COMPLETE AND SIGN THE HEALTH AND MEDICAL RECORD ON REVERSE SIDE*****

Health and Medical Record

Player's Name _____ Birth Date _____

I/We know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Seneca East Summer Softball League, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my/our child to and from activities.

Parent's signature _____ Date _____

Health/Accident

Insurance Company _____ Policy # _____

In case of an emergency, notify:

Name _____ Relationship _____

Address _____ City _____ Zip _____

Home Phone _____ Other Phone _____

Personal Physician _____ Phone _____

The player on this form has or is subject to:

___ Allergy to medicine, food, plant, animal, or insect toxin

___ Asthma ___ Bleeding Disorder ___ Convulsions

___ Diabetic ___ Fainting Spells ___ Heart Trouble

___ Other _____

Please explain below any that have been checked or any other pertinent medical information:

Parent Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by another physician who is available.

Parent signature _____ Date _____